AUTUMN LEAF RAMBLER TRIP



Join us on <u>Saturday, October 13, 2012</u> as we travel by bus to Dilwyn, Virginia and ride the Autumn Leaf Rambler on a 3 ½ hour roundtrip to New Canton, Virginia to enjoy the Fall Foliage. This train ride is a historic and nostalgic journey into rural Buckingham County. Experience the excitement of the bygone days of traveling by train from your seat in either the reclining seat coaches or the open air sightseeing cars. Departing from picturesque Dilwyn station, the vintage diesel powered train, will wind through the rolling hills and deep forests of an unspoiled landscape in the heart of Central Virginia. The train crosses the James River and stops for a photo opportunity at that time.

Price Per Person: \$99 per person. Seats on the train are assigned in order that

payment is received.

Price Includes: Roundtrip motorcoach transportation, train ticket to ride the Autumn

Leaf Rambler, a boxed lunch and a tour host.

Date: Saturday, October 13, 2012

Departure: The bus will depart at 7:45am from the Rocky Mount Walmart. **Cancellation Policy**: The trip is based on a minimum amount of paid participants by

September 13, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to September 13th a refund less \$35 ticket penalty will be given. After September 13, 2012 there will be no

refunds.

RESERVATIONS: Send the completed registration form below along with a

check for \$99.00 per person made payable to

Roanoke Tours, Inc. to Franklin County Parks & Recreation

at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or erniedale@aol.com

<u>Franklin County Parks and Recreation Registration</u> <u>and Liability Waiver Form – 2012 Autumn Leaf Rambler</u>

Name		Age Age
		Age
		Age
Mailing Address		
City	Zip	
Email Address		
Home Phone:	Work Phone:	Cell Phone:
Number of Reservations:	x \$99.00= \$	(amount enclosed)
including the instructions of the requirements of the person or e	entity responsible for the area	· · · · · · · · · · · · · · · · · · ·
I understand that it is importa activity, and understand that it compatible with my physical co		
the result of participating in thi	s activity and any transportation	other loss that I might sustain as on related thereto. I further I from the area where the activity
of Franklin, or any officer or en representatives of such persons of engaging in any activity rela- contract, or otherwise: except the County (or its agents) for a gross or wanton negligence of a	nployee of the County, or any was for any personal injury or loss ting to this program whether can that this waiver shall not applying such personal injury or loss any such person or entity. I al	s that I might sustain as the result aused by negligence, breach of to any claim I might have against I might sustain arising out of
Signature of Parent / Guard (if participant is under 18 years		
I have the following physical impairments or medical conditions, including allergic reactions:		
Current medications that partic	ipant is taking now:	
Name of Emergency Contact	t:	
Emergency Contact Phone N	lumber:	